

3/4/01

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p><i>* Article Addressed to:</i></p> <p>U.S. Attorney in Pennsylvania Honorable David Barash P.O. Box 11754 Harrisburg, PA. 17108</p>		TO THE RIGHT OF RETURN ADDRESS PLACE STICKER AT TOP OF ENVELOPE COMPLETE THIS SECTION ON DELIVERY
		A. Received by (Please Print Clearly) <input type="text"/> B. Date of Delivery FEB 21 2001
		C. Signature X Em Dist <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="text"/>
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

2. Article Number (Copy from service label) 7000 0520 0023 0168 0149	
PS Form 3811, July 1999	Domestic Return Receipt
102595-00-M-0952	

<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p><i>* Article Addressed to:</i></p> <p>U.S. Attorney General, John Ashcroft Room #511, Main Justice Building 10th and Constitution Avenue Washington D.C. 20530</p>		COMPLETE THIS SECTION ON DELIVERY
		A. Received by (Please Print Clearly) <input type="text"/> B. Date of Delivery DEPARTMENT OF JUSTICE FEB 22 2001
		C. Signature X Em Dist <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="text"/>
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

2. Article Number (Copy from service label) 7000 0520 0023 0168 0132	
PS Form 3811, July 1999	Domestic Return Receipt
102595-00-M-0952	

1-01-TU-183
Show
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Order
2/20/01

FILED
HARRISBURG, PA

MAR 13 2001

MARY E. D'AMORE, CLERK
Per *JMM*
Deputy Clerk